



MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

MT EMSC CONNECTION NEWSLETTER

MARCH 2017



This issue has information on March's health awareness topics -National Poison Week; Opioids; ACEs; Sepsis; pediatric disaster trainings and MORE! TRIVIA- answer & win a free stuffed beanie baby for pediatric distractions- First 5 to email answers to Robin rsuzor@mt.gov

National Poison Prevention Week

March 19-25, 2017

Poisoning is the #1 cause of injury-related death in the U.S. The third week in March each year is designated as National Poison Prevention Week, a week dedicated to raising awareness about the burden of poisoning in the U.S. and highlighting specific ways to prevent it. Be prepared for poisoning emergencies by programming the Poison Help line in your phone today, 1-800-222-1222!

#NPPW17 #preventpoison

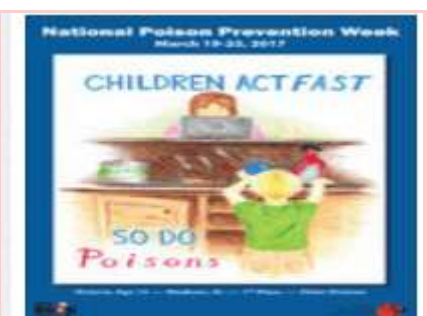
The following daily themes will be promoted in 2017:

- Monday, March 20 - Children Act Fast ... So Do Poisons
- Tuesday, March 21 - Poison Centers: Saving You Time and Money
- Wednesday, March 22 - Poisonings Span a Lifetime
- Thursday, March 23 - Home Safe Home
- Friday, March 24 - Medicine Safety

Poster Winner grades K-2

Poster Winner grades 3-5

Poster Winner grades 6-8



"Kids in Foster Care Double, Overwhelming System

Montana's system for protecting abused and neglected children is in crisis. The Protect Montana Kids Commission, created by Gov. Steve Bullock in 2015, spent six months last year investigating the problems, hearing from the public and reaching that conclusion.

The Protect Montana Kids Commission reported its findings in May 2016:

- The number of Montana kids in foster care has more than doubled.
- The problem keeps growing. In 2008 there were 1,507 children in foster care. By 2016, the numbers were up 111 percent to 3,179. And by the end of January, the number has risen again to 3,454 kids.
- **Parents hooked on meth are the single biggest reason Montana children end up in foster care.**

More than 1,000 foster kids had parents who were using methamphetamine. That's four times as many as in 2010.

Poverty, homelessness, food insecurity, mental health, domestic violence, opioid addition and alcoholism are other reasons that more kids are ending up in foster care. Montana's Child Abuse Hotline received 35,812 calls in 2015. Half the calls, 17,754, alleged abuse or neglect. That led to 8,908 investigations. **Child abuse and neglect cases filed in court more than doubled to 2,321 - up 125 percent from 2010 to 2015.** [Link to Article](#)

MAJORITY OF OPIOID MEDICATIONS NOT SAFELY STORED IN HOMES WITH CHILDREN

Nearly 70 percent of prescription opioid medications kept in homes with children are not stored safely, a new study by researchers at the Johns Hopkins [Bloomberg School of Public Health](#) finds. In a 2015 national online survey, researchers identified 681 adults who had used opioid pain relievers in the past year and had children ages 17 and younger living with them. **Only 31 percent reported safely storing prescriptions away from their children.** Among those homes with children 7 to 17 years old, **just 12 percent reported safe storage.** For homes with younger children, the researchers defined safe storage as keeping the medication in a locked or latched place; for homes with older children, it was defined as storing medication in a locked place.

Overdose fatalities almost doubled among those 17 and younger between 1999 and 2015. In the last five years, more than 600,000 children of the same age were treated in U.S. hospital EDs for all types of poisoning. The 2014 National Survey on Drug Use and Health **identified opioids as the second most common illicit drug-use category among 12- to 17-year-olds, after marijuana.**

The study also explored attitudes thought to be linked to medication storage habits. Researchers support the need to not only educate families about the importance of storing pills safely but also to develop new technology, such as 'smart' packaging that only allows the prescribed person to open the bottle, to prevent older children from accessing the pills.

The findings should encourage health care providers to ask patients about the presence of opioids in the home and to educate parents and children about opioid-related risks and how easily kids can access opioids that aren't under lock and key. Find more information in the March *Journal of Pediatrics*.

Substance Abuse Screening in Teens

New research that shows young people can screen themselves for substance abuse using a digital tablet "just as well" as being interviewed by their doctor, reported Dr. Sion Kim Harris, co-director of the Center for Adolescent Substance Abuse Research at Boston Children's Hospital, in a December talk hosted by HRSA's Maternal and Child Health Bureau. The digital method -- **Computerized Screening and Brief Advice (cSBA)** -- is an alternative to the questionnaire method common in primary care settings to screen patients age 12 to 24.

Read more: <https://www.hrsa.gov/enews/2017/threeminutes.html>.

ACES AND EARLY CHILDHOOD PROGRAMMING

"Early Childhood Programs can reduce the Effects of Trauma" (Published in the Missoulian -- by Vicki Dundas from the Missoula City-County Health Department)

Did you know the infant brain forms 2.5 million neural connections every hour? That's a whopping 60 million connections every day. Under ideal situations of a loving, nurturing environment, these synapses flourish. On the other hand, it is thought that severe or chronic stress and trauma impacts the way these connections develop. Under-development in certain areas of the brain can affect basic functions such as trust or empathy. Unused synapses are pruned out in favor of those that are utilized more often. Thus, in situations of abuse or neglect, the brain might focus primarily on recognizing and reacting to danger. This becomes the dominant paradigm, and other areas of learning and development can be compromised.

Children who live in unpredictable, abusive situations experience near constant fear and stress to their fragile systems and developing brains. The U.S. Centers for Disease Control estimates that in 2012, 1,640 children died from abuse or neglect in this country. That is more than four child deaths every day. Many more children are injured from maltreatment - in 2012 approximately 686,000 (1,879 a day) - or may witness loved ones being injured. To compound the problem in Montana, it is estimated that nearly 20 percent of our children experience the grueling reality of chronic poverty. Imagine the effect living in such terrifying environments might have on the developing child.

In fact, much research is being done regarding the effects of trauma on the developing brain, and the long-term effects on bodies and behavior. The Adverse Childhood Experiences (ACE) study, which numerically scores specific traumatic situations experienced in childhood, indicated that the more trauma the participants experienced as children (higher ACE score) the more health related problems they had as adults. Remarkably, findings showed an alarmingly high degree of childhood trauma among the mostly middle-class members of the first study. [Link to Article](#)

Revised Sepsis Guidelines Now Available

The Surviving Sepsis Campaign (SSC) was launched in 2002 and has a 7-point agenda: building awareness of sepsis, improving diagnosis and recognition, defining and increasing the use of appropriate treatment and care, educating health care professionals, improving post-intensive care unit care, developing guidelines of care, and implementing a performance improvement program. The Surviving Sepsis Guidelines were first published in 2004, with revisions in 2008 and 2012. In January 2017, the fourth revision of the Surviving Sepsis Guidelines was presented at the 46th annual Society of Critical Care Medicine meeting and published online jointly in *Critical Care Medicine* and *Intensive Care Medicine*. Free access to full article: <https://tinyurl.com/jkmjynf>

PEDIATRIC HANDOFFS HIGHLIGHTED IN AAP POLICY STATEMENT

Countless peer reviewed studies have documented increased patient vulnerability to error when care is transferred from one healthcare provider to another. While the aviation industry is credited with recognizing the need to implement standard operating procedures to mitigate team risk, several handoff models, **checklists**, and **communication strategies have emerged with applicability to healthcare.**

According to the American Academy of Pediatrics (AAP), "Although little literature currently exists to establish 1 model as superior, multiorganizational consensus groups agree that standardization is warranted and that additional work is needed to establish characteristics of **transitions of care** (ToCs) that are associated with clinical or practice outcomes." The rationale for structuring ToCs, specifically those related to the care of children in the emergency setting, and a description of identified strategies are presented, along with resources for educating health care providers on ToCs. Recommendations for development, education, and implementation of transition models are outlined in a new policy statement published in *Pediatrics*, the official journal of the AAP, including a section specific to emergency medical services. [Read more...](#)



Schedule Cultural Awareness in-person trainings by calling Kassie Runsabove at 406-238-6216 or Kassie.runsabove@sclhs.net

CULTURAL AWARENESS RESOURCE CORNER

Child Ready MT will work on cultural sensitivity across the spectrum of healthcare. From Disaster preparedness, first responders, medical staff, nursing, providers to home healthcare. We will strive to include all disparities and populations in healthcare. Each month you will find a new resource to assist your field. I encourage you and your staff to explore options of education.

This month we are highlighting Cultural Competency Program for Disaster Preparedness and Crisis Response.
<https://www.thinkculturalhealth.hhs.gov/education/disaster-personnel>

Contact Kassie Runsabove for more information or resources.

"HOW EXERCISE MAKES YOU MORE RESILIENT TO MENTAL FATIGUE"

Life, as you may have heard, is not always so easy, and so it's important to practice being comfortable with being uncomfortable.

One of the most reliable ways to do that - as Science of Us reported last month - is by pushing yourself physically: People who undertake and endure exercise challenges tend to perform better in hard, yet ostensibly unrelated, areas of their lives, such as quitting smoking or remaining calm during final exams.

The scientific theory underlying this phenomenon is called the "cross-stressor adaptation hypothesis." In layperson's terms, exercise - likely due to its unique combination of being hard on the body (this hurts), being hard on the brain (I want to quit but I'll keep going), and the physiological changes it elicits (e.g., decreased blood pressure) - makes people more resilient not only to physical stress, but also to emotional and cognitive stress.

It is for these reasons that scientists have **written** that "exercise is associated with emotional resilience to acute stress in healthy adults" and that exercise has been called a keystone habit, or an activity that leads to positive changes in other areas of life.

A new [study](#), published in PLOS ONE, lends further support to the spillover benefits of exercise. For the study, a team of researchers compared the performance of 11 professional cyclists and 9 recreational cyclists on something called a "Stroop test." Stroop tests, which require subjects to quickly and correctly name colors appearing in the text of other colors - for example, the word "blue" written in red text - are often used to test what scientists call inhibitory control, commonly referred to as willpower.

[Link to Article](#)



UWM PARTNERSHIP RESULTS IN NEW PEDIATRIC APP

The Children's Hospital of Wisconsin is now using an app to aid emergency department physicians and paramedics in pediatric cardiopulmonary resuscitation, according to the Milwaukee Journal Sentinel. The smartphone or tablet app, called the First Five Minutes app, was launched as a collaborative effort between University of Wisconsin-Milwaukee's App Brewery, Milwaukee-based Medical College of Wisconsin and Children's Hospital of Wisconsin. For the project, the App Brewery — which employs six undergraduate and graduate students — coded the app, while Medical College of Wisconsin provided funding and owns the intellectual property.

Physicians input the child's age or weight to receive a chart with standardized medication doses. The goal is to decrease response time; previously, providers would have had to calculate the dosage themselves or relied on their memory. Although the app is in a limited trial run, its collaborators expect it to be publicly available later this year. Read more: <http://www.jsonline.com/story/news/health/2017/01/07/new-app-aids-childrens-health-emergencies/96244592/>

FDA Warns of Belladonna in Homeopathic Teething Products

The Food and Drug Administration (FDA) recently announced that its laboratory analysis found inconsistent amounts of **belladonna, a toxic substance, in certain homeopathic teething tablets**, sometimes far exceeding the amount claimed on the label.

The agency is warning consumers that homeopathic teething tablets containing belladonna pose an unnecessary risk to infants and children and urges consumers not to use these products.

In light of these findings, the FDA contacted Standard Homeopathic Company in Los Angeles, the manufacturer of Hyland's homeopathic teething products, regarding a recall of its homeopathic teething tablet products labeled as containing belladonna, in order to protect consumers from inconsistent levels of belladonna. At this time, **the company has not agreed to conduct a recall.**

The agency is warning consumers that homeopathic teething tablets containing belladonna pose an unnecessary risk to infants and children and urges consumers not to use these products. **Consumers should seek medical care immediately if their child experiences seizures, difficulty breathing, lethargy, excessive sleepiness, muscle weakness, skin flushing, constipation, difficulty urinating, or agitation after using homeopathic teething products.**

The FDA encourages health care professionals and consumers to report adverse events or quality problems experienced with the use of homeopathic teething products to the [FDA's MedWatch Adverse Event Reporting program](#): Complete and submit the report online at www.fda.gov/medwatch/report.htm; or Download and complete the [form](#), then submit it via fax at 1-800-FDA-0178.

THE MARIJUANA AWARENESS TRAINING QUIZ

(Note: This quiz was created by [PreventionPlusWellness](#))

How's your knowledge of marijuana and how it can affect your life? Almost everything we once knew about marijuana from the 1960's-1970's have changed. That includes laws dealing with legalization for medical and recreational use, drug potency, products and methods of use, risk potential and harmful effects, and youth prevention and treatment strategies.

Do you want to know how today's marijuana can affect people, their loved ones, and their business? Take this brief quiz today.

Marijuana Awareness Training™ Quiz

1. Marijuana is a mind-altering drug found only in the sativa species of the cannabis plant. **True or False**
2. The main chemical giving marijuana its intoxicating effects is THC or delta-9-tetrahydrocannabinol. **True or False**
3. Marijuana has the second highest rate of dependence or abuse among all drugs. **True or False**
4. Marijuana is the most widely used illegal drug in the US. **True or False**
5. Marijuana can be smoked, vaporized, or consumed as a food, beverage, pill, or tincture. **True or False**
6. Today's marijuana is more potent than that found just a few years ago. **True or False**
7. Marijuana is legal for recreational use by adults in eight states. **True or False**
8. Marijuana has been approved by the FDA for certain medical uses. **True or False**
9. Marijuana is basically harmless. **True or False**
10. Youth marijuana use can't be effectively prevented or treated. **True or False** [Check Your Answers](#)

PEDIATRIC ONLINE TRAINING

The EMSC Program offers flexible, pediatric-focused training online that is convenient and available 24/7 to meet the participant's lifestyle. In general, the courses are all self-paced and take approximately 30-90 minutes to complete, depending on the course selected. Participants may enter and exit a course at any time, then re-enter to complete the course at their convenience. Many of the courses offer continuing education credit. **A variety of courses are available targeting EMS Professionals, Acute Care Professionals, Residents and Fellows, School Nurses, and Family and Caregivers.**

Courses for EMS Professionals (A Multi—Systems Approach to Pediatric Trauma Course. ; Building a Foundation for Pediatric Emergency Care-course primarily targets prehospital EMS personnel and includes 11 modules: pediatric seizures, diabetes, blunt chest trauma, methamphetamine, child abuse/Down Syndrome, technological dependent, Shaken Baby Syndrome, poisoning/toxic exposure, adrenal crisis and EMS, and safe transport of children in EMS vehicles (Parts I and II). **Equipment for Ground Ambulances Here to Help: Proper Child Restraints in Emergency Vehicles; Pediatric Disaster Triage: Doing the Most Good for the Most Patients in the Least Time**- Recognizing a Disaster, Disaster Triage Rationale, Pediatric Triage Considerations, Triage Methodologies (JumpSTART, SMART, SALT, and clinical decision making), and Special Triage Decisions; **Pediatric Emergencies: Emergency Care for the Ill Child**-course targets all healthcare providers that presents pediatric emergencies. Two modules offered: the Pediatric Length Based Resuscitation Tape in a Status Epilepticus Scenario and Emergency Management of Pediatric Diabetic Ketoacidosis; **Pediatric Mild Traumatic Head Injury** -includes recommendations for appropriate triage/management of mild traumatic head injuries, guidelines for neuroimaging, child maltreatment screening, patient education, and head injury prevention strategies; **Pediatric Trauma Course for EMS Providers**-the scope of pediatric trauma, revisit the keys of the pediatric patient assessment, review the benefits of specialized trauma center resources, and examine how trauma pre-planning tools can assist them in making the best transport decisions for their patients; **Pediatric Trauma Course for 911 Telecommunicator**-learn about the scope of pediatric trauma, how to quickly deploy response and collect valuable information.

Courses for Acute Care Professionals; Courses for Pediatric Emergency Medicine Residents and Fellows Includes: Acute Assessment and Management of Pediatric Trauma- this course primarily targets inpatient providers -- physicians and nurses -- of early care to injured children. This online training program includes seven modules: Initial Stabilization and Transfer of Pediatric Trauma; Pediatric Airway and Breathing; Pediatric Shock, including Vascular Access; Pediatric Head Injuries; Pediatric Blunt Abdominal and Chest Trauma; Pediatric Sedation and Analgesia; and Complications of Pediatric Multi-Organ Trauma and Other Injuries.

A Multi—Systems Approach to Pediatric Trauma Course- this course targets all healthcare providers and includes six modules addressing trauma to different body systems in children: the head, neck, spine, abdomen, and chest. **Pediatric Disaster Preparedness Courses for Healthcare Professionals**-this course include six modules targeting healthcare professions: Children with Special Needs: Considerations for Healthcare Professionals; Disaster Preparedness for Schools; Preparing for Explosion and Blast injuries; Responding to Bioterrorism; Responding to Chemical Incidents; and Responding to Radiation Disasters;

Pediatric Emergencies: Emergency Care for the Ill Child--this course targets all healthcare providers that presents pediatric emergencies. It is a companion course to A Multi—Systems Approach to Pediatric Trauma, but differs in that education focuses on emergency care for the ill child. Two modules are offered: the Pediatric Length Based Resuscitation Tape in a Status Epilepticus Scenario and Emergency Management of Pediatric Diabetic Ketoacidosis. **Pediatric Mild Traumatic Head Injury**-course targets all health care providers who care for children and contains 10 narrated chapters along with appendices that contain additional resources. Key areas of focus include recommendations for appropriate triage/management of mild traumatic head injuries, guidelines for neuroimaging, child maltreatment screening, patient education, and head injury prevention strategies.

Courses for School Nurses and Courses and Website for Family and Caregivers

For more information see <https://emscimprovement.center/resources/online-training/courses-for-ems-professionals/>

PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS

The Montana EMS for Children (EMSC) and Child Ready MT will host the 16-hour course developed by the Texas A&M Engineering Extension Service and the National Emergency Response and Rescue Training Center (TEEX.) DATE: **June 16-17, 2017 in Missoula MT (Course #: MGT439)**

FREE in-person TRAINING!!!!

COURSE DESCRIPTION: This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children. **The course addresses the specific needs of pediatric patients in the event of a community-based incident.** This is not a hands-on technical course, but instead a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, Fire, Police, Public Health, and Hospitals in the field of disaster response and preparedness work.

TOPICS:

- | | |
|--|--|
| . Introduction to Pediatric Response | Emergency Management (EM) Considerations |
| . Implications for Planning and Response | Functional Access Needs Considerations |
| . Mass Sheltering | Pediatric Triage |
| . Allocation of Scarce Resources | Pediatric Reunification Considerations |
| . Pediatric Decontamination Considerations | |

REGISTRATION IS LIMITED TO 80 PARTICIPANTS. REGISTER NOW TO SAVE YOUR PLACE!

Registration form is located at: <http://dphhs.mt.gov/publichealth/EMSTS/calendar.aspx>.

Submit the completed Registration Form to Robin Suzor, MT EMSC Program Manager, PO Box 202951, Helena MT 59620, or by fax to (406) 444-1814 Attn: Robin Suzor; Or electronically to rsuzor@mt.gov.

EMERGENCY PEDIATRIC CARE COURSE (EPC)

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at free through funding provided by the Montana State



EMS for Children/Child Ready MT Program.

16 hours of accredited pediatric contact time awarded for course completion.

This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation. *Access to the online course will be E-mailed to students within three days of course registration. A \$75.00 deposit is required to reserve a space in the course—you are **not charged if you attend the in-person skills class**.* If you would like to host an EPC course in your area, email rsuzor@mt.gov for more information. Please forward this announcement to anyone who may be interested.

This is a great opportunity for ***FREE PEDIATRIC EDUCATION.***

MARCH 11, 2017: BIG TIMBER EPC COURSE

APRIL 3, 2017: BROWNING EPC COURSE

APRIL TBD, 2017: HELENA AREA

MAY 2017: FLATHEAD AREA

To register go to <http://www.bestpracticemedicine.com/emergency-pediatric-care/>

Introducing Stop the Bleed Webinar

When:

3 - 4 pm Eastern Time, Wednesday, March 29 2017

Connect:

<https://hrsa.connectsolutions.com/emsccommunity>

For audio conference call 888-989-7591 and Participant Code 3551924#

The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff and launched by the White House in October 2015. The purpose of the campaign is to build national resilience by better preparing the public to save lives through raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public.

Objectives: As a result of having participated in this webinar, attendees will be able to:

- Describe the need for the Stop the Bleed Program
- Understand who should take the Stop the Bleed course
- Describe how the average citizen can be prepared to help if the occasion arises
- Describe why the EMSC Community should be involved in teaching the Stop the Bleed Program
- Understand how to access the materials and learn how to teach the course

Speakers:

- Mary Fallat, MD, FACS, Hirikati S. Nagaraj Endowed Professor and Division Director, Pediatric Surgery, University of Louisville and the Surgeon-in-Chief, Norton Children's Hospital
- Lenworth Jacobs, MD, MPH, FACS, Chief Academic Officer and Vice President of Academic Affairs, Hartford Hospital
- Richard C. Hunt, MD, FACEP, Senior Medical Advisor, National Healthcare Preparedness Programs, Office of the Assistant Secretary for Preparedness and Response

Moderator: Beth Edgerton, MD, MPH, FAAP, Director, Division of Child, Adolescent and Family Health

Target Audience: This webinar is appropriate for all EMSC personnel including medical directors, EMS providers, ED physicians and nurses, community health planners, hospital administrators, clinical managers, state EMSC Program managers, family members, as well as others interested in improving pediatric emergency care.

Continuing Education Credits have been requested through approved CAPCE and ANCC accredited providers. The National Association of EMS Educators (NAEMSE) is an approved provider of prehospital continuing education credits by the Commission on Accreditation for Pre-hospital Continuing Education (CAPCE.) Texas Children's Hospital is an approved provider of continuing Nursing education by the Texas Nurses Association, Approver, and an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Please feel free to forward this email to share with all appropriate contacts.

LIVE WEBINARS



Provider's - Guide to Recertification : Overview with Q & A Session

General overview of the recertification process for NREMT providers. A question and answer session will follow the presentation. Presentation includes, but not limited to:

- History and importance of NREMT recertification
- 3 ways to recertify
- Inactive and Active status overview
- Fee schedule and submission
- Rolling continuing education

This webinar is offered on the following dates.

- Friday, February 24, 2017 | 11:00AM - 12:00PM EST
- Friday, March 10, 2017 | 2:00PM - 3:00PM EST
- Friday, March 17, 2017 | 11:00PM - 12:00PM EDT

When registering, select the date and time that works best for you. After registering, you will receive a confirmation email containing information about joining the webinar.

[Click to Register](#)



Training Officer/ Medical Director - Guide to Recertification: Overview with Q & A Session

General overview of the recertification process for Training Officers and Medical Directors. A question and answer session will follow the presentation. Presentation includes, but not limited to:

- The role of the training officer and medical director
- Available resources and support
- History and importance of NREMT recertification
- 3 ways to recertify
- Fee schedule and submission
- Rolling continuing education

This webinar is offered on the following dates.

- Friday, March 03, 2017 | 2:00PM - 3:00PM EST
- Friday, March 17, 2017 | 2:00PM - 3:00PM EDT

When registering, select the date and time that works best for you. After registering, you will receive a confirmation email containing information about joining the webinar.

[Click to Register](#)

<https://www.nremt.org/rwd/public/document/recert-webinar>

TRIVIA

Answer the trivia and win a FREE STUFFED ANIMAL/beanie baby (for distractions for kids) -to the first 3 to email answers to Robin -rsuzor@mt.gov **NOT** to the listserve.

1. Name the #1 injury-related cause of death in the U.S.
2. What is the single biggest reason why children are in foster care in Montana?
3. When is the Stop the Bleed webinar?
4. What dates are the in-person Montana Pediatric Disaster and Emergency Response Training?



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -
CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

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